

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Western District of Michigan

Case number (if known): \_\_\_\_\_

Chapter you are filing under:

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

☐ Check if this is an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Identify Yourself

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<b>1. Your full name</b>  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	<b>Ronnie</b> First name <b>Stanley</b> Middle name <b>Fiel</b> Last name <b>II</b> Suffix (Sr., Jr., II, III)	<b>Sarah</b> First name <b>Tiffany</b> Middle name <b>Fiel</b> Last name  Suffix (Sr., Jr., II, III)
<b>2. All other names you have used in the last 8 years</b>  Include your married or maiden names.	First name Middle name Last name  First name Middle name Last name	First name Middle name Last name  First name Middle name Last name
<b>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</b>	xxx - xx - <u>3</u> <u>1</u> <u>6</u> <u>1</u> OR 9 xx - xx - _____	xxx - xx - <u>7</u> <u>5</u> <u>5</u> <u>6</u> OR 9 xx - xx - _____

Debtor 1 **Ronnie Stanley Fiel**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

☒ I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

☒ I have not used any business names or EINs.

Business name \_\_\_\_\_

Business name \_\_\_\_\_

EIN \_\_\_\_\_

EIN \_\_\_\_\_

**5. Where you live**

**If Debtor 2 lives at a different address:**

4018 Valley Rd  
 Number Street

Honor MI 49640  
 City State ZIP Code

Benzie  
 County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

Number Street

City State ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
 (See 28 U.S.C. § 1408.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Check one:**

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
 (See 28 U.S.C. § 1408.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Debtor 1

**Ronnie Stanley Fiel**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case****7. The chapter of the Bankruptcy Code you are choosing to file under**

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

**8. How you will pay the fee**

- ☒ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

**9. Have you filed for bankruptcy within the last 8 years?**

- ☒ No
- ☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- ☒ No
- ☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY

**11. Do you rent your residence?**

- ☐ No. Go to line 12.
- ☒ Yes. Has your landlord obtained an eviction judgment against you?
- ☒ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1

**Ronnie Stanley Fiel**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.☐ Yes. Name and location of business

Name of business, if any \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Check the appropriate box to describe your business:

☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))☐ None of the above**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

☒ No. I am not filing under Chapter 11.☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.**Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

☒ No☐ Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Debtor 1

**Ronnie Stanley Fiel**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

You must check one:

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

You must check one:

☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

**Ronnie Stanley Fiel**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes****16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.

**16b. Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**

**17. Are you filing under Chapter 7?**

☐ No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
☒ No  
☐ Yes

**18. How many creditors do you estimate that you owe?**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |

**19. How much do you estimate your assets to be worth?**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**20. How much do you estimate your liabilities to be?**

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000      | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000     | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million   | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /S/ Ronnie S. Fiel

Signature of Debtor 1

Executed on 05/09/2019  
 MM / DD / YYYY

**X** /S/ Sarah T. Fiel

Signature of Debtor 2

Executed on 05/09/2019  
 MM / DD / YYYY

Debtor 1 Ronnie Stanley Fiel  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X** /S/ John R. VanderVeen

Signature of Attorney for Debtor

Date

MM / DD / YYYY

John R. VanderVeen

Printed name

Gray, Shumar, Seaman & VanderVeen

Firm name

325 S. Union

Number Street

Traverse City

City

MI

State

49684

ZIP Code

Contact phone (231) 947-7160

Email address jvanderveen@graylawtc.com

P40467

Bar number

MI

State

Certificate Number: 01401-MIW-CC-032713584



01401-MIW-CC-032713584

## **CERTIFICATE OF COUNSELING**

I CERTIFY that on April 23, 2019, at 7:39 o'clock PM EDT, Ronnie S Fiel received from GreenPath, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Western District of Michigan, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: April 23, 2019 By: /s/Jeremy Lark

Name: Jeremy Lark

Title: FCC Manager

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. 109(h) and 521(b).



Certificate Number: 01401-MIW-CC-032713583



01401-MIW-CC-032713583

## **CERTIFICATE OF COUNSELING**

I CERTIFY that on April 23, 2019, at 7:39 o'clock PM EDT, Sarah T Fiel received from GreenPath, Inc., an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Western District of Michigan, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: April 23, 2019 By: /s/Jeremy Lark

Name: Jeremy Lark

Title: FCC Manager

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. 109(h) and 521(b).

Fill in this information to identify your case:

Debtor 1	<u>Ronnie</u>	<u>Stanley</u>	<u>Fiel</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2 (Spouse, if filing)	<u>Sarah</u>	<u>Tiffany</u>	<u>Fiel</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: Western District of Michigan

Case number \_\_\_\_\_  
(if known)☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /S/ Ronnie S. Fiel

Signature of Debtor 1

**X** /S/ Sarah T. Fiel

Signature of Debtor 2

Date 05/09/2019  
MM / DD / YYYYDate 05/09/2019  
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<u>Ronnie</u>	<u>Stanley</u>	<u>Fiel</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	<u>Sarah</u>	<u>Tiffany</u>	<u>Fiel</u>
(Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: Western District of Michigan

Case number \_\_\_\_\_  
(if known)☐ Check if this is an amended filing

## Official Form 106Sum

**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets****Your assets**  
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from *Schedule A/B* ..... \$ 0.00
- 1b. Copy line 62, Total personal property, from *Schedule A/B* ..... \$ 18,295.73
- 1c. Copy line 63, Total of all property on *Schedule A/B* ..... \$ 18,295.73

**Part 2: Summarize Your Liabilities****Your liabilities**  
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* ..... \$ 0.00
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* ..... \$ 0.00
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* ..... + \$ 35,304.63
- Your total liabilities** \$ 35,304.63

**Part 3: Summarize Your Income and Expenses**

4. *Schedule I: Your Income* (Official Form 106I)
- Copy your combined monthly income from line 12 of *Schedule I* ..... \$ 3,368.00
5. *Schedule J: Your Expenses* (Official Form 106J)
- Copy your monthly expenses from line 22c of *Schedule J* ..... \$ 3,275.00

Debtor 1 Ronnie Stanley Fiel  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
☒ Yes

**7. What kind of debt do you have?**

- ☒ Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 5,488.46

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F.**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)	\$ _____
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ _____
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ _____
9d. Student loans. (Copy line 6f.)	\$ _____
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ _____
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$ _____
9g. Total. Add lines 9a through 9f.	\$ <u>0.00</u>

**Fill in this information to identify your case:**

Debtor 1	<u>Ronnie</u>	<u>Stanley</u>	<u>Fiel</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2 (Spouse, if filing)	<u>Sarah</u>	<u>Tiffany</u>	<u>Fiel</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: Western District of Michigan

Case number \_\_\_\_\_  
(If known)☐ Check if this is an amended filing**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☐ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<u>1156 Barber Street</u>	From <u>05/01/2001</u>	<input checked="" type="checkbox"/> Same as Debtor 1	<input checked="" type="checkbox"/> Same as Debtor 1
Number Street	To <u>07/31/2016</u>	Number Street	From _____
			To _____
<u>Benzonia MI 49616</u>			
City State ZIP Code		City State ZIP Code	
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number Street	From _____	Number Street	From _____
	To _____		To _____
City State ZIP Code		City State ZIP Code	

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)**

- ☐ No  
☒ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

**Part 2: Explain the Sources of Your Income**

Debtor 1 Ronnie Stanley Fiel  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ 6,429.17	\$ 9,179.72
For last calendar year: (January 1 to December 31, 2018) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ 36,160.77	\$ 18,821.08
For the calendar year before that: (January 1 to December 31, 2017) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	\$ 29,990.40	\$ 22,142.37

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Sources of income Describe below.
	Gross income from each source (before deductions and exclusions)	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	unemployment	
	\$ 1,448.00	\$
		\$
		\$
For last calendar year: (January 1 to December 31, 2018) YYYY	unemployment	
	\$ 5,068.00	\$
		\$
		\$
For the calendar year before that: (January 1 to December 31, 2017) YYYY	unemployment	
	\$ 7,602.00	\$
		\$
		\$

Debtor 1 Ronnie Stanley Fiel  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Northwestern MI College <small>Creditor's Name</small>	03/15/2019	\$ 920.22	\$ 1,252.00	<input type="checkbox"/> Mortgage
1701 E.Front <small>Number Street</small>	03/29/2019			<input type="checkbox"/> Car
	04/14/2019			<input type="checkbox"/> Credit card
Traverse MI 49686 <small>City State ZIP Code</small>				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input checked="" type="checkbox"/> Other garnishment
	04/28/2019	\$	\$	<input type="checkbox"/> Mortgage
<small>Creditor's Name</small>				<input type="checkbox"/> Car
<small>Number Street</small>				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
<small>City State ZIP Code</small>				<input type="checkbox"/> Other
		\$	\$	<input type="checkbox"/> Mortgage
<small>Creditor's Name</small>				<input type="checkbox"/> Car
<small>Number Street</small>				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
<small>City State ZIP Code</small>				<input type="checkbox"/> Other

Debtor 1 Ronnie Stanley Fiel  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.*

☒ No

☐ Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name _____	_____	\$ _____	\$ _____	
Number _____ Street _____	_____			
_____	_____			
City _____ State _____ ZIP Code _____				
Insider's Name _____	_____	\$ _____	\$ _____	
Number _____ Street _____	_____			
_____	_____			
City _____ State _____ ZIP Code _____				

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

☒ No

☐ Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____	_____	\$ _____	\$ _____	
Number _____ Street _____	_____			
_____	_____			
City _____ State _____ ZIP Code _____				
Insider's Name _____	_____	\$ _____	\$ _____	
Number _____ Street _____	_____			
_____	_____			
City _____ State _____ ZIP Code _____				



Debtor 1 Ronnie Stanley Fiel  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title <u>Northwestern MI College</u> <u>v Sarah T Fiel</u>	Collection	<u>85th District Benzie County</u> <small>Court Name</small> <u>448 Court Plz</u> <small>Number Street</small> <u>Beulah MI 49617</u> <small>City State ZIP Code</small>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <u>18477GC</u>			
Case title <u>LVNV Funding v</u> <u>Ron Fiel</u>	Collection	<u>85th District Benzie County</u> <small>Court Name</small> <u>448 Court Plz</u> <small>Number Street</small> <u>Beulah MI 49617</u> <small>City State ZIP Code</small>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number <u>17171GC</u>			

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☐ No. Go to line 11.  
☒ Yes. Fill in the information below.

Describe the property	Date	Value of the property
<u>Credit Acceptance Corp</u> <small>Creditor's Name</small> <u>25505 West 12 Mile Rd</u> <small>Number Street</small> <u>Southfield MI 48034</u> <small>City State ZIP Code</small>	<u>2010 Chevy Impala</u>	<u>11/27/2018</u> \$ <u>1,100.00</u>
<b>Explain what happened</b> <input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
<u>Northwestern MI College</u> <small>Creditor's Name</small> <u>1701 E. Front</u> <small>Number Street</small> <u>Traverse MI 49686</u> <small>City State ZIP Code</small>	<u>wages garnished-see #6 above for dates</u>	<u>\$ 920.22</u>
<b>Explain what happened</b> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 **Ronnie Stanley Fiel**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount
_____			
Number _____ Street _____			\$ _____
_____			
City _____ State _____ ZIP Code _____	Last 4 digits of account number: XXXX-____ _		

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____		_____	\$ _____
_____		_____	\$ _____
Number _____ Street _____			
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift _____		_____	\$ _____
_____		_____	\$ _____
Number _____ Street _____			
City _____ State _____ ZIP Code _____			
Person's relationship to you _____			

Debtor 1 **Ronnie Stanley Fiel**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name _____		_____	\$ _____
_____		_____	\$ _____
Number _____ Street _____			
City _____ State _____ ZIP Code _____			

#### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
		_____	\$ _____

#### Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No  
☒ Yes. Fill in the details.

Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
John VanderVeen 325 S.Union <small>Number Street</small>	\$1285 for bankruptcy attorney fee and filing fee	03/01/2019	\$ 1,285.00
Traverse MI 49684 <small>City State ZIP Code</small>			\$ _____
jvanderveen@graylawtc.com <small>Email or website address</small>			
Person Who Made the Payment, if Not You			

Debtor 1 Ronnie Stanley Fiel Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
<b>GreenPath</b> Person Who Was Paid <b>3210 Racquet Club Dr.</b> Number Street		<b>04/25/2019</b>	<b>\$ 40.00</b>
<b>Traverse MI 49684</b> City State ZIP Code			\$
Email or website address			
Person Who Made the Payment, if Not You			

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
 Do not include any payment or transfer that you listed on line 16.

☒ No  
☐ Yes. Fill in the details.

Description and value of any property transferred		Date payment or transfer was made	Amount of payment
Person Who Was Paid Number Street City State ZIP Code			\$
			\$

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
 Do not include gifts and transfers that you have already listed on this statement.

☒ No  
☐ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you		
Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you		

Debtor 1 Ronnie Stanley Fiel  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No  
☐ Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust \_\_\_\_\_

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No  
☒ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
West Shore Bank Name of Financial Institution 201 West Loomis Number Street Ludington MI 49431 City State ZIP Code	XXXX- 1 5 3 8	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	11/15/2018	\$ 0.00
_____ Name of Financial Institution _____ Number Street _____ City State ZIP Code	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
_____ Name of Financial Institution _____ Number Street _____ City State ZIP Code	_____ Name _____ Number Street _____ City State ZIP Code	_____ Describe the contents _____ Describe the contents _____ Describe the contents	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 **Ronnie Stanley Fiel**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

	Who else has or had access to it?	Describe the contents	Do you still have it?
Name of Storage Facility	Name		<input type="checkbox"/> No
Number Street	Number Street		<input type="checkbox"/> Yes
City State ZIP Code	City State ZIP Code		

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

	Where is the property?	Describe the property	Value
Owner's Name			\$ _____
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

	Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit		_____
Number Street	Number Street		
City State ZIP Code	City State ZIP Code		

Debtor 1 **Ronnie Stanley Fiel**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**25. Have you notified any governmental unit of any release of hazardous material?**

- ☒ No  
☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No  
☐ Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title		<input type="checkbox"/> Pending
Court Name		<input type="checkbox"/> On appeal
Number Street		<input type="checkbox"/> Concluded
Case number	City State ZIP Code	

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.  
☐ Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name	EIN: _____
Number Street	Dates business existed
	From _____ To _____
City State ZIP Code	
Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name	EIN: _____
Number Street	Dates business existed
	From _____ To _____
City State ZIP Code	

Debtor 1 Ronnie Stanley Fiel  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Describe the nature of the business _____ Business Name _____ Number Street _____ City State ZIP Code		Employer Identification number Do not include Social Security number or ITIN. EIN: _____ Dates business existed From _____ To _____
Name of accountant or bookkeeper _____		

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☐ No  
☐ Yes. Fill in the details below.

Date issued

Name \_\_\_\_\_ MM / DD / YYYY  
 Number Street  
 \_\_\_\_\_  
 City State ZIP Code

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X** /S/ Ronnie S. Fiel

Signature of Debtor 1

**X** /S/ Sarah Tiffany Fiel

Signature of Debtor 2

Date 05/09/2019

Date 05/09/2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).



Fill in this information to identify your case and this filing:

Debtor 1	<u>Ronnie</u>	<u>Stanley</u>	<u>Fiel</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	<u>Sarah</u>	<u>Tiffany</u>	<u>Fiel</u>
(Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: Western District of Michigan

Case number \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☒ No. Go to Part 2.  
☐ Yes. Where is the property?

1.1. \_\_\_\_\_  
 Street address, if available, or other description

\_\_\_\_\_  
 City State ZIP Code

\_\_\_\_\_  
 County

What is the property? Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ \_\_\_\_\_  
 Current value of the portion you own? \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  
 \_\_\_\_\_☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2. \_\_\_\_\_  
 Street address, if available, or other description

\_\_\_\_\_  
 City State ZIP Code

\_\_\_\_\_  
 County

What is the property? Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ \_\_\_\_\_  
 Current value of the portion you own? \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  
 \_\_\_\_\_☐ Check if this is community property (see instructions)

Debtor 1 Ronnie Stanley Fiel  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

1.3. \_\_\_\_\_  
 Street address, if available, or other description  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City State ZIP Code  
 \_\_\_\_\_  
 County \_\_\_\_\_

**What is the property?** Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.  
 \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. ....>

\$ \_\_\_\_\_

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No  
☒ Yes

3.1. Make: Ford  
 Model: Escort  
 Year: 2001  
 Approximate mileage: 200000  
 Other information:  
debtor 1 and daughter own

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ 2,000.00 \$ 1,000.00

☐ Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: Ford  
 Model: Escape  
 Year: 2002  
 Approximate mileage: 130000  
 Other information:  
 \_\_\_\_\_

**Who has an interest in the property?** Check one.

- ☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ 3,000.00 \$ 3,000.00

☐ Check if this is community property (see instructions)

Debtor 1 **Ronnie Stanley Fiel**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

3.3. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

☐ Check if this is community property (see instructions)

3.4. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_  
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

☐ Check if this is community property (see instructions)

#### 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

4.1. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

☐ Check if this is community property (see instructions)

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here .....



\$ 4,000.00

Debtor 1

Ronnie

Stanley

Fiel

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No☒ Yes. Describe..... Normal household items

\$ 4,000.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No☒ Yes. Describe..... Three televisions,two cell phones

\$ 1,000.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No☐ Yes. Describe.....

\$

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No☒ Yes. Describe..... Kids bikes,toys,handtools

\$ 200.00

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No☐ Yes. Describe.....

\$

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No☒ Yes. Describe..... Everyday clothes

\$ 500.00

**12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No☒ Yes. Describe..... wedding ring

\$ 1,500.00

**13. Non-farm animals**

Examples: Dogs, cats, birds, horses

☒ No☐ Yes. Describe.....

\$

**14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information. ....

\$

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →

\$ 7,200.00

Debtor 1 Ronnie Stanley Fiel  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes ..... Cash: ..... \$ 50.00

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes ..... Institution name:

17.1. Checking account:	_____	\$ _____
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	<u>Walmart Reloadable prepaid card</u>	\$ <u>7.39</u>
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes ..... Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☒ No

☐ Yes. Give specific information about them.....

Name of entity:	% of ownership:	
_____	<u>0%</u> %	\$ _____
_____	<u>0%</u> %	\$ _____
_____	<u>0%</u> %	\$ _____

Debtor 1 Ronnie Stanley Fiel Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

## 20. Government and corporate bonds and other negotiable and non-negotiable instruments

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No  
☐ Yes. Give specific information about them..... Issuer name: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

## 21. Retirement or pension accounts

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No  
☒ Yes. List each account separately. Type of account: Institution name: \_\_\_\_\_  
 401(k) or similar plan: Munson 401(k) 403(b) Transamerica \$ 3,538.34  
 Pension plan: \_\_\_\_\_ \$ \_\_\_\_\_  
 IRA: \_\_\_\_\_ \$ \_\_\_\_\_  
 Retirement account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Keogh: \_\_\_\_\_ \$ \_\_\_\_\_  
 Additional account: \_\_\_\_\_ \$ \_\_\_\_\_  
 Additional account: \_\_\_\_\_ \$ \_\_\_\_\_

## 22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☐ No  
☒ Yes ..... Institution name or individual: \_\_\_\_\_  
 Electric: \_\_\_\_\_ \$ \_\_\_\_\_  
 Gas: \_\_\_\_\_ \$ \_\_\_\_\_  
 Heating oil: \_\_\_\_\_ \$ \_\_\_\_\_  
 Security deposit on rental unit: Landlord Patsy Fagen \$ 1,900.00  
 Prepaid rent: \_\_\_\_\_ \$ \_\_\_\_\_  
 Telephone: \_\_\_\_\_ \$ \_\_\_\_\_  
 Water: \_\_\_\_\_ \$ \_\_\_\_\_  
 Rented furniture: \_\_\_\_\_ \$ \_\_\_\_\_  
 Other: \_\_\_\_\_ \$ \_\_\_\_\_

## 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No  
☐ Yes ..... Issuer name and description: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Debtor 1 **Ronnie Stanley Fiel**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them....

\_\_\_\_\_ \$ \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples: Internet domain names, websites, proceeds from royalties and licensing agreements*

☒ No

☐ Yes. Give specific information about them....

\_\_\_\_\_ \$ \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

*Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses*

☒ No

☐ Yes. Give specific information about them....

\_\_\_\_\_ \$ \_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

\_\_\_\_\_

Federal: \$ \_\_\_\_\_  
 State: \$ \_\_\_\_\_  
 Local: \$ \_\_\_\_\_

**29. Family support**

*Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement*

☒ No

☐ Yes. Give specific information.....

\_\_\_\_\_

Alimony: \$ \_\_\_\_\_  
 Maintenance: \$ \_\_\_\_\_  
 Support: \$ \_\_\_\_\_  
 Divorce settlement: \$ \_\_\_\_\_  
 Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you**

*Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else*

☐ No

☒ Yes. Give specific information..... **Wages earned but not yet paid**

\_\_\_\_\_ \$ **1,600.00**

Debtor 1 **Ronnie Stanley Fiel**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**31. Interests in insurance policies**

*Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance*

☒ No☐ Yes. Name the insurance company of each policy and list its value. ...

Company name:

Beneficiary:

Surrender or refund value:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples: Accidents, employment disputes, insurance claims, or rights to sue*

☒ No☐ Yes. Describe each claim. ....

\$ \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim. ....

\$ \_\_\_\_\_

**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information.....

\$ \_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** .....

\$ **7,095.73****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☒ No. Go to Part 6.☐ Yes. Go to line 38.

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned**☐ No☐ Yes. Describe.....

\$ \_\_\_\_\_

**39. Office equipment, furnishings, and supplies**

*Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices*

☐ No☐ Yes. Describe.....

\$ \_\_\_\_\_



Debtor 1 **Ronnie Stanley Fiel**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☐ No

☐ Yes. Describe.....  \$ \_\_\_\_\_

**41. Inventory**☐ No

☐ Yes. Describe.....  \$ \_\_\_\_\_

**42. Interests in partnerships or joint ventures**☐ No

☐ Yes. Describe.....

Name of entity:	% of ownership:	
_____	_____ %	\$ _____
_____	_____ %	\$ _____
_____	_____ %	\$ _____

**43. Customer lists, mailing lists, or other compilations**☐ No

☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe.....  \$ \_\_\_\_\_

**44. Any business-related property you did not already list**☐ No

☐ Yes. Give specific information .....

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** ..... ➔

\$ \_\_\_\_\_

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
 If you own or have an interest in farmland, list it in Part 1.
**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**47. Farm animals***Examples: Livestock, poultry, farm-raised fish*☐ No

☐ Yes.....  \$ \_\_\_\_\_

Debtor 1 Ronnie Stanley Fiel  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**48. Crops—either growing or harvested**

☐ No

☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

☐ No

☐ Yes .....

\$ \_\_\_\_\_

**50. Farm and fishing supplies, chemicals, and feed**

☐ No

☐ Yes .....

\$ \_\_\_\_\_

**51. Any farm- and commercial fishing-related property you did not already list**

☐ No

☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here .....**



\$ \_\_\_\_\_

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

*Examples: Season tickets, country club membership*

☒ No

☐ Yes. Give specific information. ....

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**



\$ \_\_\_\_\_

**Part 8: List the Totals of Each Part of this Form**

**55. Part 1: Total real estate, line 2 .....** → \$ 0.00

**56. Part 2: Total vehicles, line 5** \$ 4,000.00

**57. Part 3: Total personal and household items, line 15** \$ 7,200.00

**58. Part 4: Total financial assets, line 36** \$ 7,095.73

**59. Part 5: Total business-related property, line 45** \$ \_\_\_\_\_

**60. Part 6: Total farm- and fishing-related property, line 52** \$ \_\_\_\_\_

**61. Part 7: Total other property not listed, line 54** + \$ \_\_\_\_\_

**62. Total personal property. Add lines 56 through 61. ....** \$ 18,295.73 Copy personal property total → + \$ 18,295.73

**63. Total of all property on Schedule A/B. Add line 55 + line 62. ....** \$ 18,295.73

Fill in this information to identify your case:

Debtor 1	<u>Ronnie</u>	<u>Stanley</u>	<u>Fiel</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Sarah</u>	<u>Tiffany</u>	<u>Fiel</u>
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: Western District of Michigan

Case number  
(if known) \_\_\_\_\_☐ Check if this is an amended filing

## Official Form 106C

Debtor 1

**Schedule C: The Property You Claim as Exempt**

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>Ford Escort</u> Line from <i>Schedule A/B</i> : <u>3</u>	\$ <u>2,000.00</u>	<input checked="" type="checkbox"/> \$ <u>1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(2)
Brief description: <u>household items</u> Line from <i>Schedule A/B</i> : <u>6</u>	\$ <u>4,000.00</u>	<input checked="" type="checkbox"/> \$ <u>2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(3)
Brief description: <u>electronics</u> Line from <i>Schedule A/B</i> : <u>7</u>	\$ <u>1,000.00</u>	<input checked="" type="checkbox"/> \$ <u>500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

Debtor 1 Ronnie Stanley Fiel  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>bikes,toys,tools</u> Line from Schedule A/B: <u>9</u>	\$ <u>200.00</u>	<input checked="" type="checkbox"/> \$ <u>100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)
Brief description: <u>clothes</u> Line from Schedule A/B: <u>11</u>	\$ <u>500.00</u>	<input checked="" type="checkbox"/> \$ <u>250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(3)
Brief description: <u>cash</u> Line from Schedule A/B: <u>16</u>	\$ <u>50.00</u>	<input checked="" type="checkbox"/> \$ <u>25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)
Brief description: <u>security deposit</u> Line from Schedule A/B: <u>22</u>	\$ <u>1,900.00</u>	<input checked="" type="checkbox"/> \$ <u>950.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)
Brief description: <u>wages earned</u> Line from Schedule A/B: <u>30</u>	\$ <u>1,600.00</u>	<input checked="" type="checkbox"/> \$ <u>600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

## Fill in this information to identify your case:

Debtor 1	<u>Ronnie</u>	<u>Stanley</u>	<u>Fiel</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Sarah</u>	<u>Tiffany</u>	<u>Fiel</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Western District of Michigan			
Case number (If known)	_____		

☐ Check if this is an amended filing

Official Form 106C

Debtor 2

**Schedule C: The Property You Claim as Exempt**

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☒ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: <u>Ford Escape</u> Line from <i>Schedule A/B</i> : <u>3.2</u>	\$ <u>3,000.00</u>	<input checked="" type="checkbox"/> \$ <u>3,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(2)
Brief description: <u>Household goods</u> Line from <i>Schedule A/B</i> : <u>6</u>	\$ <u>4,000.00</u>	<input checked="" type="checkbox"/> \$ <u>2,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(3)
Brief description: <u>Electronics</u> Line from <i>Schedule A/B</i> : <u>7</u>	\$ <u>1,000.00</u>	<input checked="" type="checkbox"/> \$ <u>500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

Debtor 1 Ronnie Stanley Fiel  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>bikes, toys, tools</u> Line from Schedule A/B: <u>9</u>	\$ <u>200.00</u>	<input checked="" type="checkbox"/> \$ <u>100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)
Brief description: <u>clothes</u> Line from Schedule A/B: <u>11</u>	\$ <u>500.00</u>	<input checked="" type="checkbox"/> \$ <u>250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(3)
Brief description: <u>wedding ring</u> Line from Schedule A/B: <u>12</u>	\$ <u>1,500.00</u>	<input checked="" type="checkbox"/> \$ <u>1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(4)
Brief description: <u>cash</u> Line from Schedule A/B: <u>16</u>	\$ <u>50.00</u>	<input checked="" type="checkbox"/> \$ <u>25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)
Brief description: <u>prepaid account</u> Line from Schedule A/B: <u>17</u>	\$ <u>7.39</u>	<input checked="" type="checkbox"/> \$ <u>7.39</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522(d)(5)
Brief description: <u>retirement account</u> Line from Schedule A/B: <u>21</u>	\$ <u>3,538.34</u>	<input checked="" type="checkbox"/> \$ <u>3,538.34</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522 (b)(3)(C)
Brief description: <u>Security deposit</u> Line from Schedule A/B: <u>22</u>	\$ <u>1,900.00</u>	<input checked="" type="checkbox"/> \$ <u>950.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522 (d)(5)
Brief description: <u>wages earned</u> Line from Schedule A/B: <u>30</u>	\$ <u>1,600.00</u>	<input checked="" type="checkbox"/> \$ <u>1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 USC 522 (d)(5)
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____



Fill in this information to identify your case:

Debtor 1	<u>Ronnie</u>	<u>Stanley</u>	<u>Fiel</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	<u>Sarah</u>	<u>Tiffany</u>	<u>Fiel</u>
(Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: Western District of Michigan

Case number \_\_\_\_\_  
(if known)☐ Check if this is an amended filing

## Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

- ☒ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

## 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any

2.1

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) \_\_\_\_\_

☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

2.2

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Creditor's Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Who owes the debt? Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☐ Other (including a right to offset) \_\_\_\_\_

☐ Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 0.00

Fill in this information to identify your case:

Debtor 1	<u>Ronnie</u>	<u>Stanley</u>	<u>Fiel</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	<u>Sarah</u>	<u>Tiffany</u>	<u>Fiel</u>
(Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: Western District of Michigan

Case number \_\_\_\_\_  
(if known)☐ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.  
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
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2.1

Priority Creditor's Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

2.2

Priority Creditor's Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

## Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes



Debtor 1 **Ronnie Stanley Fiel**  
 First Name Middle Name Last Name

Case number (if known)

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

<b>4.1</b> <b>Airway Oxygen</b> Nonpriority Creditor's Name <b>PO Box 9950</b> Number Street <b>Wyoming</b> <b>MI</b> <b>49509</b> City State ZIP Code  Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8 8 8 6</u> When was the debt incurred? <u>08/27/2018</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical</u>	<b>Total claim</b> \$ <u>650.00</u>
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<b>4.2</b> <b>Amalfi Vein Center</b> Nonpriority Creditor's Name <b>4020 Copper View</b> Number Street <b>Traverse</b> <b>MI</b> <b>49684</b> City State ZIP Code  Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5 9 0 9</u> When was the debt incurred? <u>02/01/2018</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>medical</u>	\$ <u>2,952.00</u>
---	---	--------------------

<b>4.3</b> <b>AT&amp;T Mobility</b> Nonpriority Creditor's Name <b>208 S. Akard St</b> Number Street <b>Dallas</b> <b>TX</b> <b>75202</b> City State ZIP Code  Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8 3 1 7</u> When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>cell service</u>	\$ <u>79.30</u>
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Debtor 1 **Ronnie Stanley Fiel**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.4** **AT&T Mobility**  
 Nonpriority Creditor's Name  
**208 S.Akard St**  
 Number Street  
**Dallas TX 75202**  
 City State ZIP Code

Last 4 digits of account number 7 4 8 0 \$ 554.92

When was the debt incurred? 12/31/2013

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify cell service

Who incurred the debt? Check one.

☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

**4.5** **Betsie Bay Medical Center**  
 Nonpriority Creditor's Name  
**917 Main St**  
 Number Street  
**Frankfort MI 49635**  
 City State ZIP Code

Last 4 digits of account number 0 0 8 0 \$ 20.00

When was the debt incurred? 02/07/2019

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

Who incurred the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

**4.6** **Bofi Federal Bank**  
 Nonpriority Creditor's Name  
**4350 LaJolla Village Drive ste140**  
 Number Street  
**San Diego CA 02122**  
 City State ZIP Code

Last 4 digits of account number 8 2 7 4 \$ 1,212.70

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify line of credit

Who incurred the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

Debtor 1

Ronnie

Stanley

Fiel

First Name

Middle Name

Last Name

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.7****Bofi Federal Credit Union**

Nonpriority Creditor's Name

**4350 LaJolla Village Drive ste140**

Number

Street

**San Diego****CA****92122**

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 2 1 8 5\$ 618.21

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify line of credit**4.8****Capital One**

Nonpriority Creditor's Name

**PO Box 30285**

Number

Street

**Salt Lake City****UT****84130**

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 9 1 7 6\$ 402.81When was the debt incurred? 12/31/2012

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit card**4.9****Capital One**

Nonpriority Creditor's Name

**PO Box 30285**

Number

Street

**Salt Lake City****UT****84130**

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 1 6 4 7\$ 615.90When was the debt incurred? 12/31/2019

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit card

Debtor 1

Ronnie

Stanley

Fiel

First Name

Middle Name

Last Name

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.\*

**Center for Health**

Nonpriority Creditor's Name

615 E. Eighth St

Number Street

Traverse

MI

49686

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 2 4 9 5\$ 1,119.40When was the debt incurred? 12/31/2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical

4.\*

**Compass Bank**

Nonpriority Creditor's Name

15 South 20th St

Number Street

Birmingham

AL

35233

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 9 2 2 1\$ 294.33

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit card

4.\*

**Credit Acceptance Corporation**

Nonpriority Creditor's Name

25505 West 12 Mile Rd ste 3000

Number Street

Southfield

MI

48034

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 7 8 6 0\$ 8,399.04When was the debt incurred? 01/26/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify auto loan deficiency

Debtor 1

Ronnie

Stanley

Fiel

First Name

Middle Name

Last Name

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.\*

**Directv**

Nonpriority Creditor's Name

2230 East Imperial Hwy.FL 10

Number Street

El Segundo

CA

90245

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 7 4 2 4\$ 479.70

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify tv service

4.\*

**Dish Network**

Nonpriority Creditor's Name

9601 South Meridian Blvd

Number Street

Englewood

CO

80112

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 5 4 6 1\$ 519.00When was the debt incurred? 04/01/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify tv service

4.\*

**First Premier Bank**

Nonpriority Creditor's Name

601 South Minnesota Ave

Number Street

Sioux Falls

SD

57104

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 2 6 1 5\$ 388.82When was the debt incurred? 12/31/2015

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit card

Debtor 1

Ronnie

Stanley

Fiel

First Name

Middle Name

Last Name

Case number (if known)

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.\*

**Grand Traverse Surgery**

Nonpriority Creditor's Name

701 W. Front St ste 200

Number

Street

Traverse

MI

49684

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 9 5 1 7\$ 95.87When was the debt incurred? 05/26/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical

4.\*

**H&R Block**

Nonpriority Creditor's Name

1 H&amp;R Block Way

Number

Street

Kansas City

MO

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 2 1 8 5\$ 700.66When was the debt incurred? 12/31/2014

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify line of credit

4.\*

**Hughes Network Systems**

Nonpriority Creditor's Name

11717 Exploration Lane

Number

Street

Germantown

MD

20876

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 9 6 0 4\$ 908.23

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify internet service

Debtor 1 Ronnie Stanley Fiel  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.\***

**The Huntington National Bank**  
 Nonpriority Creditor's Name  
 17 South High St  
 Number Street  
 Columbus OH 43216  
 City State ZIP Code

Who incurred the debt? Check one.  
☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 9 6 3 6 \$ 414.50

When was the debt incurred? 09/24/2017

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify check overdraft

**4.\***

**The Huntington National Bank**  
 Nonpriority Creditor's Name  
 17 South High St  
 Number Street  
 Columbus OH 43216  
 City State ZIP Code

Who incurred the debt? Check one.  
☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 2 2 9 2 \$ 481.73

When was the debt incurred? 10/17/2017

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify check overdraft

**4.\***

**LVNV Funding LLC**  
 Nonpriority Creditor's Name  
 12650 Ingenuity Drive  
 Number Street  
 Orlando FL 32878  
 City State ZIP Code

Who incurred the debt? Check one.  
☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 7 1 3 7 \$ 1,088.36

When was the debt incurred? 10/21/2013

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify judgment



Debtor 1 **Ronnie Stanley Fiel**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.\***

**Marshall Music Company**  
 Nonpriority Creditor's Name  
**3240 East Sagiw**  
 Number Street  
**Lansing MI 48912**  
 City State ZIP Code

Who incurred the debt? Check one.  
☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 3 9 8 1 \$ 498.22

When was the debt incurred? 07/31/2018

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify store credit

**4.\***

**Munson Health**  
 Nonpriority Creditor's Name  
**1105 6th st**  
 Number Street  
**Traverse MI 49685**  
 City State ZIP Code

Who incurred the debt? Check one.  
☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 3 6 1 6 \$ 602.47

When was the debt incurred? 04/01/2018

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

**4.\***

**Munson Health**  
 Nonpriority Creditor's Name  
**1105 6th St**  
 Number Street  
**Traverse MI 49685**  
 City State ZIP Code

Who incurred the debt? Check one.  
☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 3 6 1 6 \$ 1,671.24

When was the debt incurred? 04/01/2017

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical



Debtor 1 **Ronnie Stanley Fiel**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.\*** **Munson Health**  
 Nonpriority Creditor's Name  
 1105 6th St  
 Number Street  
 Traverse MI 49685  
 City State ZIP Code

Last 4 digits of account number 3 6 1 6 \$ 461.64

When was the debt incurred? 03/01/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

Who incurred the debt? Check one.

☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

**4.\*** **Munson Health**  
 Nonpriority Creditor's Name  
 1105 6th St  
 Number Street  
 Traverse MI 49685  
 City State ZIP Code

Last 4 digits of account number 3 6 1 7 \$ 46.16

When was the debt incurred? 09/14/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

Who incurred the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

**4.\*** **Munson Health**  
 Nonpriority Creditor's Name  
 1105 6th St  
 Number Street  
 Traverse MI 49685  
 City State ZIP Code

Last 4 digits of account number 3 6 1 7 \$ 1,179.62

When was the debt incurred? 10/16/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

Who incurred the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

Debtor 1 Ronnie Stanley Fiel  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.\*

**Northwest MI Surgery Center**

Nonpriority Creditor's Name

4100 Park Forest Drive

Number Street

Traverse

MI

49684

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 7 9 5\$ 247.53When was the debt incurred? 12/31/2016

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical

4.\*

**Northwestern MI College**

Nonpriority Creditor's Name

1701 E. Front St

Number Street

Traverse

MI

49686

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 8 4 7 7\$ 2,104.37When was the debt incurred? 03/11/2014

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify tuition/judgment

4.\*

**Northwoods Obstetrics and Gynecology**

Nonpriority Creditor's Name

3600 West Royal Drive

Number Street

Traverse

MI

49684

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 7 9 5\$ 55.00When was the debt incurred? 12/31/2014

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical

Debtor 1 **Ronnie Stanley Fiel**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.\*** **Paul Oliver Memorial Hospital**  
 Nonpriority Creditor's Name  
**PO 1063**  
 Number Street  
**Traverse MI 49685**  
 City State ZIP Code

Last 4 digits of account number 3 6 1 6 \$ 300.00

When was the debt incurred? 11/07/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

Who incurred the debt? Check one.

☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

**4.\*** **Paul Oliver Memorial Hospital**  
 Nonpriority Creditor's Name  
**PO 1063**  
 Number Street  
**Traverse MI 49685**  
 City State ZIP Code

Last 4 digits of account number 3 6 1 6 \$ 150.00

When was the debt incurred? 05/25/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

Who incurred the debt? Check one.

☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

**4.\*** **Paul Oliver Memorial Hospital**  
 Nonpriority Creditor's Name  
**PO 1063**  
 Number Street  
**Traverse MI 49685**  
 City State ZIP Code

Last 4 digits of account number 2 0 7 1 \$ 81.77

When was the debt incurred? 10/17/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

Who incurred the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

Debtor 1 **Ronnie Stanley Fiel**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.\*** Paul Oliver Memorial Hospital  
 Nonpriority Creditor's Name  
PO 1063  
 Number Street  
Traverse MI 49685  
 City State ZIP Code

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 3 6 1 7 \$ 150.00

When was the debt incurred? 12/09/2016

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

**4.\*** Paul Oliver Memorial Hospital  
 Nonpriority Creditor's Name  
PO 1063  
 Number Street  
Traverse MI 49685  
 City State ZIP Code

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 3 6 1 7 \$ 46.16

When was the debt incurred? 10/02/2017

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

**4.\*** Paul Oliver Memorial Hospital  
 Nonpriority Creditor's Name  
PO 1063  
 Number Street  
Traverse MI 49685  
 City State ZIP Code

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

Last 4 digits of account number 3 6 1 7 \$ 81.77

When was the debt incurred? 11/07/2018

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify medical

Debtor 1 **Ronnie Stanley Fiel**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.\*** **PayPal** Last 4 digits of account number 7 5 3 7 \$ 94.89

Nonpriority Creditor's Name  
2211 N. First St  
 Number Street  
San Jose CA 95131  
 City State ZIP Code

Who incurred the debt? Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

When was the debt incurred? 04/29/2017

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify paypal services

**4.\*** **Platte Lake Veterinary Clinic** Last 4 digits of account number 3 8 6 2 \$ 414.60

Nonpriority Creditor's Name  
6971 Honor Hwy  
 Number Street  
Honor MI 49640  
 City State ZIP Code

Who incurred the debt? Check one.  
☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

When was the debt incurred? 08/19/2017

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify veterinary

**4.\*** **Portfolio Recovery Associates LLC** Last 4 digits of account number 5 8 0 3 \$ 413.17

Nonpriority Creditor's Name  
120 Corporate Blvd  
 Number Street  
Norfolk VA 23502  
 City State ZIP Code

Who incurred the debt? Check one.  
☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?  
☒ No  
☐ Yes

When was the debt incurred? 12/31/2012

As of the date you file, the claim is: Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:  
☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify credit card

Debtor 1 **Ronnie Stanley Fiel**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.\*

**Progressive Leasing**

Nonpriority Creditor's Name

256 W. Data Drive

Number Street

Draper

UT

84020

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 6 9 1 5\$ 1,965.91

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify Art Van store credit

4.\*

**Purchasing Power LLC**

Nonpriority Creditor's Name

1349 W. Peachtree St NW

Number Street

Atlanta

GA

30309

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 4 1 8 3\$ 113.94When was the debt incurred? 01/05/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify credit line

4.\*

**Recovery Sevcies Inc**

Nonpriority Creditor's Name

1600 Terrell Mill Rd

Number Street

Marietta

GA

30067

City

State

ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 5 4 3 5\$ 66.51When was the debt incurred? 10/09/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify check overdraft

Debtor 1 Ronnie Stanley Fiel  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

**4.\*** Republic Services  
 Nonpriority Creditor's Name  
 3890 Camp Rd  
 Number Street  
 Manistee MI 49660  
 City State ZIP Code

Last 4 digits of account number 0 4 3 5 \$ 190.43

When was the debt incurred? 12/04/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify trash pickup

Who incurred the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

**4.\*** Riteaid  
 Nonpriority Creditor's Name  
 30 Hunter Lane  
 Number Street  
 Camp Hill PA 17011  
 City State ZIP Code

Last 4 digits of account number 5 4 3 5 \$ 66.51

When was the debt incurred? 10/09/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify returned check fee

Who incurred the debt? Check one.

☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes

**4.\*** Schmuckal Oil  
 Nonpriority Creditor's Name  
 1516 Barlow  
 Number Street  
 Traverse MI 49686  
 City State ZIP Code

Last 4 digits of account number \_\_\_\_\_ \$ 129.10

When was the debt incurred? 02/19/2019

As of the date you file, the claim is: Check all that apply.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify returned check fee

Who incurred the debt? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No  
☐ Yes



Debtor 1

Ronnie Stanley Fiel  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.\*

**State Savings Bank**

Nonpriority Creditor's Name

703 Main St

Number Street

Frankfort

MI

49635

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

\$ 1,386.00

When was the debt incurred? 09/01/2011

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify bank loan

4.\*

**Traverse Anesthesia Assoc**

Nonpriority Creditor's Name

4100 Park Forest Drive

Number Street

Traverse

MI

49684

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 5 0 8 8

\$ 84.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify medical

4.\*

**West Shore Bank**

Nonpriority Creditor's Name

201 W.Loomis

Number Street

Ludington

MI

49431

City

State

ZIP Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number 1 5 3 8

\$ 642.80

When was the debt incurred? 10/31/2018

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify overdraft



Debtor 1

Ronnie

Stanley

Fiel

Case number (if known)

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

RMP Services

Name

8155 Executive Court

Number Street

Lansing

City

MI

State

48917

ZIP Code

afni

Name

1310 Martin Luther King Drive

Number Street

Bloomington

City

IL

State

61702

ZIP Code

Credence

Name

1700 Dallas Parkway

Number Street

Dallas

City

TX

State

75248

ZIP Code

NCB Management Services

Name

PO Box 1099

Number Street

Langhorne

City

PA

State

19047

ZIP Code

Radius Global Solutions

Name

PO Box 390846

Number Street

Minneapolis

City

MN

State

55439

ZIP Code

Radius Global Solutions

Name

PO Box 390846

Number Street

Minneapolis

City

MN

State

55439

ZIP Code

Alltran Financial LLP

Name

PO Box 610

Number Street

Sauk Rapids

City

MN

State

56379

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 5 9 0 9

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8 3 1 7

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 7 4 8 0

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 8 2 7 4

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 9 1 7 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 9 2 2 1

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number 1 6 4 7

Debtor 1

Ronnie Stanley Fiel  
First Name Middle Name Last Name

Case number (if known)

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Access Receivables Management**

Name

PO Box 1377

Number Street

Cockeysville

MD

21030

City

State

ZIP Code

**Appelles**

Name

3700 Corporate Drive

Number Street

Columbus

OH

43231

City

State

ZIP Code

**ARS Collections**

Name

PO Box 15241

Number Street

Lansing

MI

48901

City

State

ZIP Code

**Complete Recovery Payment Svc**

Name

PO 30184

Number Street

Tampa

FL

33630

City

State

ZIP Code

**Convergent Outsourcing Inc**

Name

PO 9004

Number Street

Renton

WA

98057

City

State

ZIP Code

**Credit Collection Svc**

Name

725 Canton

Number Street

Norwood

MA

02062

City

State

ZIP Code

**Frost- Arnett**

Name

2105 Elm Hill Pike

Number Street

Nashville

TN

37210

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 6 0 4

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 2 9 2

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 4 7 9 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 1 5 3 8

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 1 8 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6 9 1 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 5 0 8 8

Debtor 1

Ronnie  
First NameStanley  
Middle NameFiel  
Last Name

Case number (if known)

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Great Lakes Collection Agency**

Name

PO 638

Number Street

Manistee

MI

49660

City

State

ZIP Code

**Jefferson Capital Systems**

Name

16 McLeland RD

Number Street

St. Cloud

MN

56303

City

State

ZIP Code

**Merchants Assoc Collection**

Name

700 E. Hammond Rd

Number Street

Traverse

MI

49686

City

State

ZIP Code

**MRS**

Name

1930 Olney Ave

Number Street

Cherry Hill

NJ

08009

City

State

ZIP Code

**Paytek Solutions**

Name

PO 10749

Number Street

Murfreesboro

TN

37129

City

State

ZIP Code

**Progressive Financial Svc**

Name

1919 W. Fairmount Dr

Number Street

Tempe

AZ

85282

City

State

ZIP Code

**Sequiem Asset Solutions**

Name

1130 Northchase Pkwy

Number Street

Marietta

GA

30067

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 8 6 2

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 6 1 5

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 3 6 1 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 5 3 7

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number            

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 4 0 8

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7 4 2 4

Debtor 1 Ronnie Stanley Fiel  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Sherlog

Name

700 E. Hammond Rd

Number Street

Traverse

MI

49686

City

State

ZIP Code

Sunrise Credit Svc

Name

PO 9100

Number Street

Traverse

MI

11735

City

State

ZIP Code

Velo Law Office

Name

1750 Leonard St N/E

Number Street

Grand Rapids

MI

49505

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number                    

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.\* of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 9 6 3 6

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 8 4 7 7

On which entry in Part 1 or Part 2 did you list the original creditor?

Line      of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number                    

On which entry in Part 1 or Part 2 did you list the original creditor?

Line      of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number                    

On which entry in Part 1 or Part 2 did you list the original creditor?

Line      of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number                    

On which entry in Part 1 or Part 2 did you list the original creditor?

Line      of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1

Ronnie

Stanley

Fiel

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

**Total claim****Total claims  
from Part 1**

6a. Domestic support obligations

6a. \$ \_\_\_\_\_

6b. Taxes and certain other debts you owe the government

6b. \$ \_\_\_\_\_

6c. Claims for death or personal injury while you were intoxicated

6c. \$ \_\_\_\_\_

6d. Other. Add all other priority unsecured claims. Write that amount here.

6d. + \$ \_\_\_\_\_

6e. Total. Add lines 6a through 6d.

6e. \$ \_\_\_\_\_ 0.00

**Total claim****Total claims  
from Part 2**

6f. Student loans

6f. \$ \_\_\_\_\_

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6g. \$ \_\_\_\_\_

6h. Debts to pension or profit-sharing plans, and other similar debts

6h. \$ \_\_\_\_\_

6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6i. + \$ \_\_\_\_\_ 35,304.63

6j. Total. Add lines 6f through 6i.

6j. \$ \_\_\_\_\_ 35,304.63

Fill in this information to identify your case:

Debtor	Ronnie	Stanley	Fiel
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	Sarah	Tiffany	Fiel
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: Western District of Michigan

Case number \_\_\_\_\_  
(if known)☐ Check if this is an amended filing

## Official Form 106G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

## 1. Do you have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

## 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1 Patsy Fagen Month to month home rental

Name  
PO Box 185

Number Street  
Honor MI 49640

City State ZIP Code

2.2 Verizon Cellular telephone service

Name  
1505 Benzie Hwy

Number Street  
Benzonia MI 49616

City State ZIP Code

2.3

Name

Number Street

City State ZIP Code

2.4

Name

Number Street

City State ZIP Code

2.5

Name

Number Street

City State ZIP Code

Fill in this information to identify your case:

Debtor 1	<u>Ronnie</u>	<u>Stanley</u>	<u>Fiel</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	<u>Sarah</u>	<u>Tiffany</u>	<u>Fiel</u>
<small>(Spouse, if filing)</small>	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: Western District of Michigan

Case number \_\_\_\_\_  
(if known)☐ Check if this is an amended filing

## Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No☐ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?☐ No☐ Yes. In which community state or territory did you live? \_\_\_\_\_. Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

3.3

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

☐ Schedule D, line \_\_\_\_\_☐ Schedule E/F, line \_\_\_\_\_☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>Ronnie</u>	<u>Stanley</u>	<u>Fiel</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Sarah</u>	<u>Tiffany</u>	<u>Fiel</u>
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: Western District of Michigan

Case number \_\_\_\_\_  
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
<b>Employment status</b>	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
<b>Occupation</b>	<u>Executive Chef</u>	<u>Patient Access Svc. Rep</u>
<b>Employer's name</b>	<u>Hotel Frankfort</u>	<u>Munson Healthcare</u>
<b>Employer's address</b>	<u>PO Box 353</u> Number Street	<u>1105 Sixth Street</u> Number Street
	<u>Frankfort</u> <u>MI</u> <u>49635</u> City State ZIP Code	<u>Traverse</u> <u>MI</u> <u>49685</u> City State ZIP Code
<b>How long employed there?</b>	<u>3 years</u>	<u>3 years</u>

**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.</b>	2. \$ <u>2,212.00</u>	\$ <u>2,189.00</u>
<b>3. Estimate and list monthly overtime pay.</b>	3. + \$ _____	+ \$ _____
<b>4. Calculate gross income. Add line 2 + line 3.</b>	4. \$ <u>2,212.00</u>	\$ <u>2,189.00</u>



Debtor 1 Ronnie Stanley Fiel  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ <u>2,212.00</u>	\$ <u>2,189.00</u>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>169.00</u>	\$ <u>254.00</u>
5b. Mandatory contributions for retirement plans	5b. \$ _____	\$ _____
5c. Voluntary contributions for retirement plans	5c. \$ _____	\$ _____
5d. Required repayments of retirement fund loans	5d. \$ _____	\$ _____
5e. Insurance	5e. \$ _____	\$ <u>356.00</u>
5f. Domestic support obligations	5f. \$ _____	\$ _____
5g. Union dues	5g. \$ _____	\$ _____
5h. Other deductions. Specify: _____	5h. + \$ _____	+ \$ _____
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <u>169.00</u>	\$ <u>610.00</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>2,043.00</u>	\$ <u>1,325.00</u>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ _____	\$ _____
8b. Interest and dividends	8b. \$ _____	\$ _____
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ _____	\$ _____
8d. Unemployment compensation	8d. \$ _____	\$ _____
8e. Social Security	8e. \$ _____	\$ _____
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ _____	\$ _____
8g. Pension or retirement income	8g. \$ _____	\$ _____
8h. Other monthly income. Specify: _____	8h. + \$ _____	+ \$ _____
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <span style="border: 1px solid black; padding: 2px;">\$ _____</span>	<span style="border: 1px solid black; padding: 2px;">\$ _____</span>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <span style="border: 1px solid black; padding: 2px;">\$ <u>2,043.00</u></span>	<span style="border: 1px solid black; padding: 2px;">\$ <u>1,325.00</u></span> + <span style="border: 1px solid black; padding: 2px;">\$ <u>3,368.00</u></span> = <span style="border: 1px solid black; padding: 2px;">\$ <u>3,368.00</u></span>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
		11. + \$ _____
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies		12. <span style="border: 1px solid black; padding: 2px;">\$ <u>3,368.00</u></span> <b>Combined monthly income</b>
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: <span style="border: 1px solid black; display: inline-block; width: 700px; height: 20px; vertical-align: middle;"></span>		

Fill in this information to identify your case:

Debtor 1	<u>Ronnie</u>	<u>Stanley</u>	<u>Fiel</u>
	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>
Debtor 2	<u>Sarah</u>	<u>Tiffany</u>	<u>Fiel</u>
(Spouse, if filing)	<small>First Name</small>	<small>Middle Name</small>	<small>Last Name</small>

United States Bankruptcy Court for the: Western District of Michigan

Case number (if known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY \_\_\_\_\_

## Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

## 1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

## 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

daughter17
☐ No  
☒ Yes
daughter12
☐ No  
☒ Yes
daughter8
☐ No  
☒ Yes

☐ No  
☐ Yes

☐ No  
☐ Yes

## 3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No  
☐ Yes
**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

## 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 950.00

If not included in line 4:

4a. Real estate taxes

4a. \$ \_\_\_\_\_

4b. Property, homeowner's, or renter's insurance

4b. \$ \_\_\_\_\_

4c. Home maintenance, repair, and upkeep expenses

4c. \$ \_\_\_\_\_

4d. Homeowner's association or condominium dues

4d. \$ \_\_\_\_\_

Debtor 1 **Ronnie Stanley Fiel**  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

	<b>Your expenses</b>
5. <b>Additional mortgage payments for your residence, such as home equity loans</b>	5. \$ _____
6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>300.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>25.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>200.00</u>
6d. Other. Specify: _____	6d. \$ _____
7. <b>Food and housekeeping supplies</b>	7. \$ <u>1,000.00</u>
8. <b>Childcare and children's education costs</b>	8. \$ <u>50.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>125.00</u>
10. <b>Personal care products and services</b>	10. \$ <u>75.00</u>
11. <b>Medical and dental expenses</b>	11. \$ <u>100.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>200.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>50.00</u>
14. <b>Charitable contributions and religious donations</b>	14. \$ _____
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ _____
15b. Health insurance	15b. \$ _____
15c. Vehicle insurance	15c. \$ <u>200.00</u>
15d. Other insurance. Specify: _____	15d. \$ _____
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ _____
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ _____
17b. Car payments for Vehicle 2	17b. \$ _____
17c. Other. Specify: _____	17c. \$ _____
17d. Other. Specify: _____	17d. \$ _____
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ _____
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ _____
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ _____
20b. Real estate taxes	20b. \$ _____
20c. Property, homeowner's, or renter's insurance	20c. \$ _____
20d. Maintenance, repair, and upkeep expenses	20d. \$ _____
20e. Homeowner's association or condominium dues	20e. \$ _____

Debtor 1 Ronnie Stanley Fiel  
First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

21. Other. Specify: \_\_\_\_\_

21. +\$ \_\_\_\_\_

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22a. \$ 3,275.00

22b. \$ \_\_\_\_\_

22c. \$ 3,275.00

**23. Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from Schedule I.

23b. Copy your monthly expenses from line 22c above.

23c. Subtract your monthly expenses from your monthly income.  
 The result is your *monthly net income*.

23a. \$ 3,368.00

23b. - \$ 3,275.00

23c. \$ 93.00

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here: